

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

811

State File No. ....

FILED JAN 27 1958

BIRTH NO. ....

REG. DIST. NO. 15116 PRIMARY REG. DIST. NO. 3020

Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>GASCONADE</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>WASHINGTON</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY OR TOWN <b>HERMANN</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution give street address or location) <b>ST. FRANCIS HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>MARKET ST 03710</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ELEANOR</b>		b. (Middle) <b>KEMPER</b>		c. (Last)	
4. DATE OF DEATH		(Month) <b>JAN.</b>		(Day) <b>18-</b>		(Year) <b>1958</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 4-1926</b>	9. AGE (In years last birthday) <b>31</b>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE KEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) <b>CHESTER ILL</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>ROY RECTOR</b>		13b. MOTHER'S MAIDEN NAME <b>ALVINA KROEGER</b>		14. NAME OF HUSBAND OR WIFE <b>BRUNO KEMPER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>499-24-5776</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>BRUNO KEMPER HERMANN MO</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism from pelvic surgery</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>216X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Massive adhesions - Ovarian cyst</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1/17</b> , 19 <b>58</b> , to <b>1/18</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>1/17</b> , 19 <b>58</b> , and that death occurred at <b>12:00 am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John Bryan</b>				23b. ADDRESS <b>2nd Washington Mo</b>		23c. DATE SIGNED <b>1-18-58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1/20/58</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HERMANN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>HERMANN MO</b>	
DATE REC'D BY LOCAL REG. <b>1/18/58</b>		REGISTRAR'S SIGNATURE <b>F.C. Heidmann</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>August D. Heidmann HERMANN MO</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 316

P. O. Address Hermann

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.